

**HOMELESSNESS
IN THE
CITY OF BOSTON
WINTER 2002-2003**

**ANNUAL CENSUS REPORT
DECEMBER 9, 2002**

MAYOR THOMAS M. MENINO



**Emergency Shelter Commission
Eliza F. Greenberg, Director**

EXECUTIVE SUMMARY

On the night of the homeless census there were 6,210 homeless men, women and children in Boston compared to 6,001 last year. This is an increase of 3.4%.

FAMILIES

The total number of homeless men, women and children in family emergency shelter was 1,791 this year compared to 1,692 last year. This is an increase of 5.8%. The total number of homeless families in shelter, domestic violence and transitional programs is 2,328 this year compared to 2,149 last year, an 8.3% increase

WOMEN FASTEST GROWING

The number of homeless women increased by 10% from last year. Last winter there were 1,427 homeless women as compared to 1,572 this year.

INDIVIDUALS

The total number of homeless men and women on the streets and in adult emergency shelters was 2,606 this year compared to 2,700 last year. The total number of homeless men and women on the streets and all residential facilities was 3,882 compared to 3,852 last year, a 1% increase.

2002/1992

The number of Boston's homeless has increased by 41% in the past decade. There are 6,210 homeless people in the City of Boston in 2002 compared to 4,411 in 1992. There are 1,367 homeless children in Boston in 2002 compared to 800 in 1992, an increase of 71%. There are 1,572 homeless women in 2002 compared to 989 in 1992, an increase of 59%. There are 3,271 homeless men in 2002 compared to 2,622 in 1992, an increase of 25%. Although the number of homeless men is rising at a slower rate than that of women and children, they continue to be the largest percentage of the population, 53%. The majority of these men have chronic disabilities such as mental illness and/or substance addiction.

THE INVISIBLE HOMELESS

Unseasonably cold temperatures and lowered shelter capacity may have driven many homeless people to seek shelter in unconventional places where they may not have been counted. Anecdotal evidence suggests that these families and individuals may have sought shelter in subway tunnels and abandoned buildings, in cars, or on the couches of friends and relatives. While it is difficult to account for this portion of the homeless population, the expectation is that their numbers would significantly increase the total count.

CENSUS METHODOLOGY

HOMELESS PEOPLE LIVING IN SHELTER

Approximately one month prior to the actual census, Boston's Emergency Shelter Commission mailed an advisory to all of the city's shelter providers and transitional programs to inform them of the study. Shelter contacts were informed of the date of the census and how the survey would be conducted. The Shelter Commission also solicited volunteers for the street count. Each program was asked to tabulate the population of their sheltering program on the night of the count. The City's Emergency Shelter Commission then contacted each shelter on December 10th to obtain the total from the previous night.

HOMELESS PEOPLE LIVING ON THE STREET

The City was divided into thirty-seven separate areas for the purpose of the census. The downtown areas were small enough to be thoroughly covered by volunteers on foot; outlying neighborhoods, where few homeless people have been identified in the past, were covered by car. Even in these neighborhoods, volunteers were expected to leave their vehicles and conduct the census by foot in areas with a higher likelihood of finding homeless individuals. Volunteers were provided with a list of locations to be checked thoroughly in their assigned area.

All teams utilized radios and cell phones to facilitate communication during the census, to guarantee the volunteers' safety, and to call for emergency medical assistance if needed for individuals encountered on the street. Volunteers also used three vans to transport homeless individuals who requested assistance in getting to a shelter.

DEMOGRAPHIC INFORMATION ON HOMELESS PEOPLE

The Center for Social Policy at the McCormack Institute, University of Massachusetts Boston oversees the Connection, Service, and Partnership through Technology (CSPTech) project, previously known as the ANCHoR Project. This homeless services data system, a networked computerized record-keeping system funded by the State and the City of Boston, is being implemented throughout the Commonwealth.

THE VOLUNTEERS

The Emergency Shelter Commission recruited volunteers who are neighborhood residents, City employees, City Year volunteers, and staff at the various programs that serve homeless people. Volunteer selection is important, since those who work with this population can assist other volunteers in avoiding stereotypes often associated with homelessness. The count started at 10:45 p.m. in order to ensure that most businesses or other places of temporary refuge are closed. In addition, the study was scheduled for a Monday night/Tuesday morning, when there is less general pedestrian traffic than at other times during the week.

This census count has been conducted annually on the second Monday of December. At the time of this street census, the temperature was 19 degrees with clear conditions. Last year's street census was conducted in 40 degree weather.

Volunteers were asked to designate people by the following identifiable factors:

1. Was the individual definitely or possibly homeless?
If it was unclear in specific situations, volunteers were asked to record these individuals as "possible." The city included people listed as "possible" in the count presented in this document.
2. Was the individual in need of medical attention?
The census volunteers included many medical professionals from Boston's Health Care for the Homeless Program.
3. Did the individual need transportation to shelter?
While Pine Street Inn operates two nighttime outreach vans, some individuals encountered on the night of the Census may be unaware of these services. For such persons, or for any homeless person having difficulty accessing shelter, the Census used three vans provided by Long Island Shelter as well as the Pine Street's outreach vans to transport people to various programs throughout the city.

Since several different outreach programs serve the outdoor homeless population, our purpose was simply to determine the size of the homeless population in Boston and not duplicate outreach work.

HISTORY

The City's Emergency Shelter Commission conducts the census of Boston's homeless population annually. The 1983 study, conducted by six volunteers working over a period of two weeks, was the City's first attempt to identify the size of the street population associated with homelessness. This beginning work on counting the homeless inspired projects which provide a clearer picture of the scope of the homeless population in the City of Boston. The study has grown to include dozens of non-profit service organizations, over 250 volunteers, and appropriate City agencies as directed by Mayor Menino.

PURPOSE AND LIMITATIONS

The annual homeless census informs the Mayor about the number of homeless people in our City and what resources the City will need in order to meet our commitment. Under the leadership of Mayor Menino, the City of Boston continues its commitment that no individual will go without a bed, without a meal, without medical care, without opportunity and hope simply because they are homeless.

Until the scope and nature of the problem could be defined, government agencies were not adequately prepared to address important service delivery issues. Prior to conducting the first census count of the homeless in 1983, some estimates of the number of homeless in Boston varied by as much as ten thousand people. Many major cities in the U.S. still do not undertake an actual physical count. With more accurate numbers, the City of Boston and providers are able to take a comprehensive approach to ending homelessness. Better coordination of services, including street outreach, emergency shelter, food, clothing, healthcare, employment training, substance abuse treatment, and mental health treatment not only enables homeless people to survive but also helps them move beyond shelter to more independent and productive lives. Housing remains the ultimate goal of citywide homeless services.

While the census provides useful data for understanding homelessness, it should be noted that the count is a 'point in time' study of the night of December 9th. The census does not track how people move in and out of homelessness nor does it count how many people are homeless in a given year in Boston. The CSPTech Management Information System now being implemented statewide will be able to provide more useful aggregate information on the needs of homeless people and the resources that can help them move towards self-sufficiency and housing.

THE POPULATION ON THE STREET

Winter 2002-2003

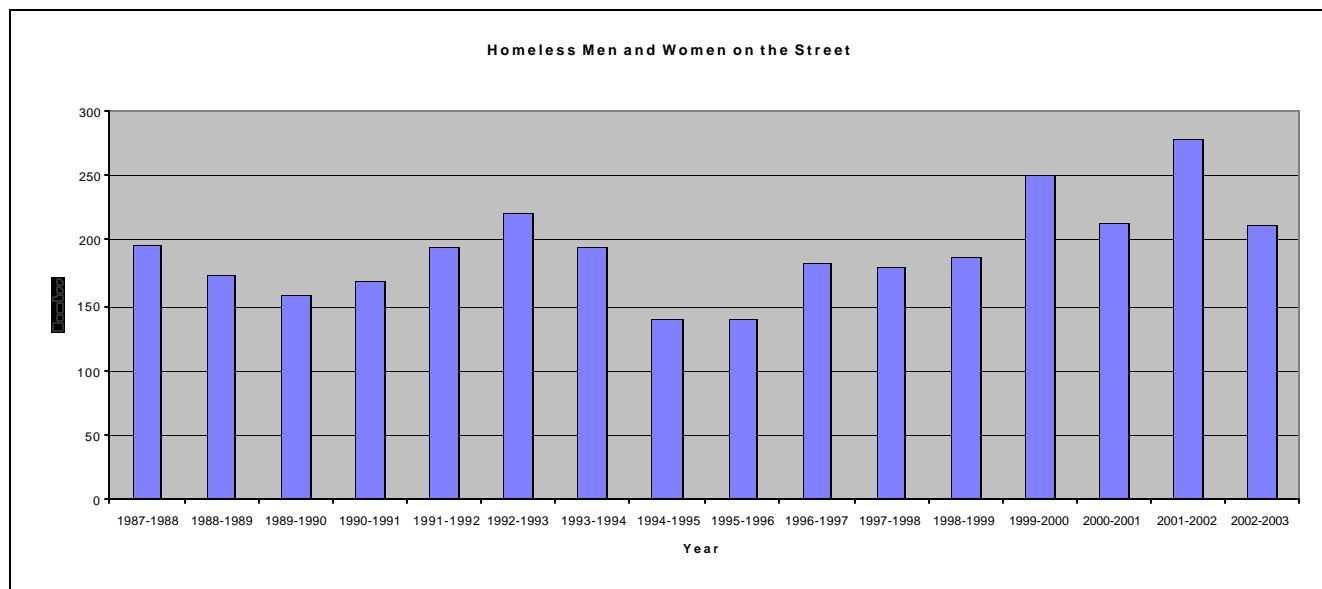
Winter 2001-2002

	Male	Female	Children	Male	Female	Children
Street Count	175	37	0	234	43	0
TOTALS	212			277		

The street homeless population in the City of Boston varies somewhat depending on the season of the year, and on factors such as safety or the ability to store personal belongings for those who sleep outside. Fewer people were found the night of the census this year, most likely because the temperature was 19 degrees compared to 40 degrees last year. Outreach workers report that most of those seen throughout the winter have been homeless for one year or longer. Significantly more people are seen on the street during the warmer months than in the winter.

Many of the chronically homeless men and women who sleep on the streets year-round are mentally ill or abuse drugs and alcohol. A significant number are 'dually diagnosed,' with both mental illness and substance abuse issues. In general, the homeless seen on the street include some of the most vulnerable and at-risk individuals in the City's homeless population, and some of the most independent and resourceful as well.

To respond to this diverse range of needs, daytime outreach programs staffed by Friends of the Shattuck Shelter, the Pine Street Inn and Tri-City Mental Health have expanded coverage geographically from Downtown Crossing. Pine Street Inn has operated a nighttime outreach van since 1986 working with this hard-core population. Bridge Over Troubled Waters also continues to operate its outreach van targeting a younger population. In response to several homeless deaths on the street several weeks after the 1998 census was taken, the Mayor authorized City funding for an additional outreach van which has since been annualized in the State budget. In 1999 the Mayor committed resources for additional outreach, which have been annualized in the City budget. Together these programs are working to link those homeless people who stay on the streets to services, healthcare and housing.



HOMELESS ADULTS IN SHELTER

	Winter 2002-2003		Winter 2001-2002	
	Male	Female	Male	Female
Betty's Place	0	20	0	20
Kingston House	112	16	190	26
Long Island Shelter ¹	339	46	330	60
Woods-Mullen	133	66	111	64
LIS Annex	104	0	102	0
McInnis House Respite	70	0	68	5
New England Vets Shelter	218	0	174	0
Pine Street Inn Men's Inn	405	0	382	0
Anchor Inn/MTHP	196	0	177	0
Women's Inn	0	112	0	116
Holy Family	60	0	58	0
Boston Night Center	43	17	45	17
Rosie's Place	0	20	0	20
Sancta Maria	0	9	0	NA
Shattuck Shelter ²	170	21	181	19
Snead House Respite	0	17	0	12
Tri City Safe Haven	0	6	0	6
United Homes	106	0	135	17
YMCA - Cardinal Medeiros	88	0	88	0
SUB-TOTALS:	2044	350	2041	382
TOTALS	2394		2423	

HOMELESS ADULTS IN SHELTER

There were 2044 men and 350 women in adult shelters on the night of the census - for a total of 2394. Emergency shelters for adults have been in a continuous state of overflow for 51 months. Pine Street's Men's Inn had 127 men sleeping in the lobby. Shelters are transitioning people into the mainstream, but the fact remains that newly homeless people are moving into the front door of the shelter system.

The State implemented a cut of 15% across the board for adult shelters in July of 2002. In addition, funding for overflow beds was initially cut entirely, and then only partially restored for six months, rather than year-round funding. This explains the drop in numbers for Kingston House and United Homes, both of which had fewer overflow beds on line this winter.

¹ Includes Safe Harbor and SOAR as well as Long Island Shelter

² Includes Stabilization, TIL, and Expanded Day.

The shelter system has become the safety net for the failures of other systems in our state. For every person who has been successfully placed in housing, a newly homeless person has taken his or her place. Shelters report increasing numbers of young adults and ex-offenders are entering the shelter system. Shelters for individuals report more working men and women, with one-third employed. Two in five had no formal source of income.³

Pine Street Inn's Women's Inn has reported an increase in women separated from their children: because intact families are denied access to the State's family shelter system, many mothers leave their children with relatives so that they can stay at the adult shelter. Restricted access to family shelter is harming many families by forcing them to split up.

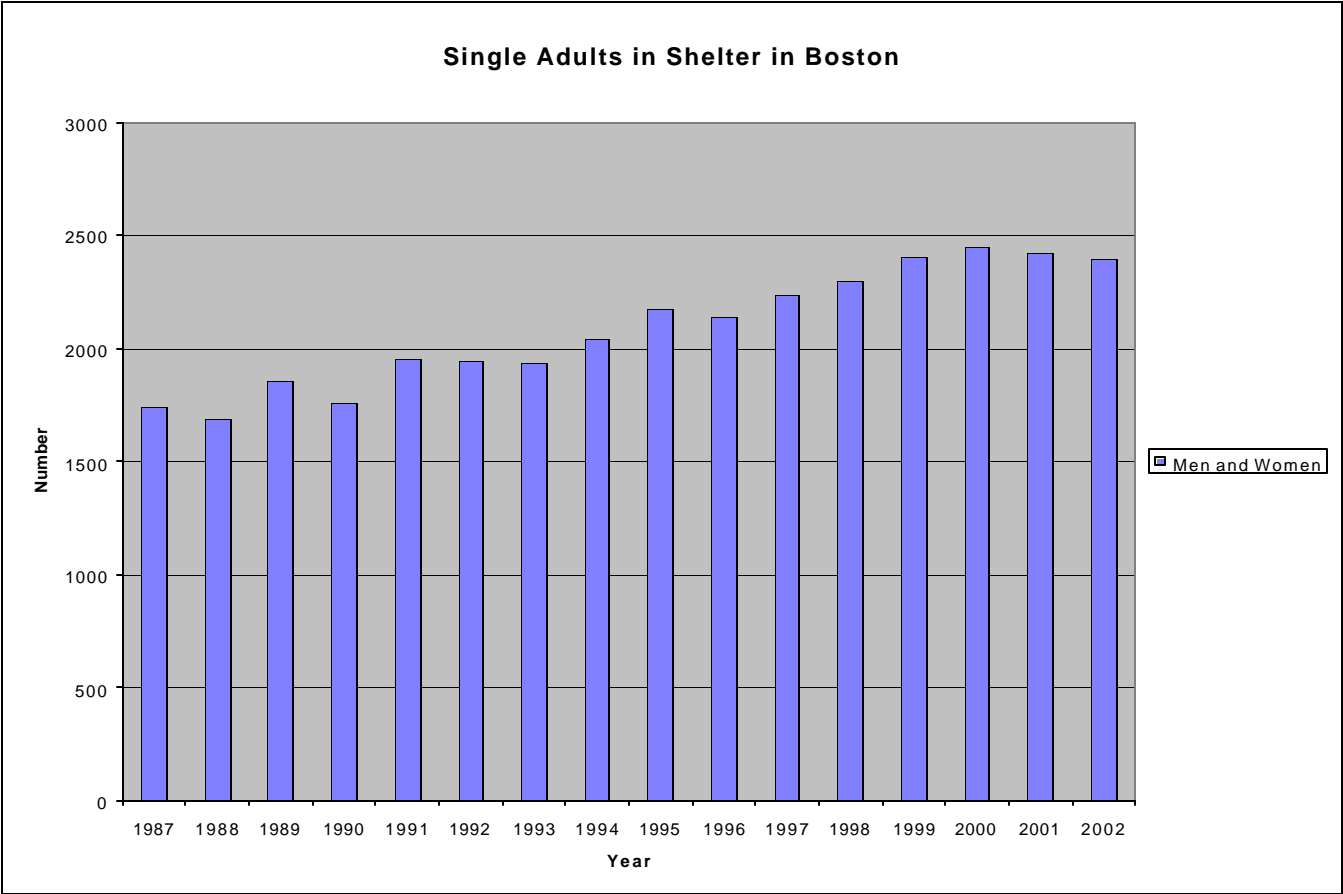
Despite crowded conditions and scarce resources, the shelters continue to develop innovative and successful approaches to help people move beyond homelessness. The City credits the McKinney Homeless Assistance grants received from the U.S. Department of Housing and Urban Development for much of the transitional movement out of shelters. HUD has recognized the strength of the collaboration between local government and homeless service providers and, consequently, Boston has been able to leverage significant resources from the federal government to create new homeless programs to complement the existing shelter system.

Boston's numbers demonstrate that with appropriate resources homeless people can move beyond shelter. In the past two years, thousands of individuals have used the safety net of emergency shelter, received the assistance they needed, and moved through the continuum of care and into permanent housing. Transitional programs comprise approximately one-third of the beds in our adult shelter system.

The lack of sufficient affordable housing units in the City and State is one of the primary reasons we continue to see our homeless numbers rise. Recognizing this, Mayor Menino, the Department of Neighborhood Development (DND), the Boston Housing Authority (BHA), and the Boston Redevelopment Authority (BRA) developed the *Leading the Way* initiative⁴ to build 7,500 new units of housing in three years. This initiative has prioritized affordable housing targeted to homeless people as part of the City's overall housing strategy, with a minimum of 300 units/year to be developed for the homeless. Accomplishing these goals has required a range of approaches, led by the BHA's continued commitment to giving priority status to homeless applicants and by DND's requiring a set aside of 10% for all rental units developed with their resources. The City encourages the State to replicate these models throughout the Commonwealth. Toward this end, in December 2002, Mayor Menino introduced his Bond Bill proposal, calling for such set asides and other initiatives to fight homelessness in the City and the Commonwealth. For more information on Mayor Menino's "Act to Remediate Homelessness in the Commonwealth of Massachusetts," please contact the Emergency Shelter Commission at (617)-635-4507.

³ Michelle Kahan, Tatjana Meshede, and Michelle Hayes. (2000) *A Comparative Portrait of Individuals and Families Utilizing Boston Emergency Shelter Programs, 1999*. McCormack Institute, University of Massachusetts Boston.

⁴ A copy of *Leading the Way* can be downloaded from: www.cityofboston.gov/dnd/W2_Housing_Strategy_Report.pdf or by mail by calling DND at 617-635-0259.



HOMELESS FAMILIES IN SHELTER

FAMILY SHELTERS

	Winter 2002-2003			Winter 2001-2002		
	Male	Female	Children	Male	Female	Children
Boston Family	1	7	10	1	8	19
Casa Nueva Vida	0	9	16	0	8	14
Crittenton-Hastings	0	22	32	0	13	19
Crossroads	1	13	27	4	8	21
Families-In-Trans.	0	20	29	0	21	40
Family House	2	20	29	23	41	35
LifeHouse	1	11	13	0	10	12
Margaret's House	0	32	53	0	32	53
Project Hope	0	8	14	0	8	13
Queens of Peace	0	9	8	0	3	1
Salvation Army	1	5	12	0	6	12
Sojourner House	1	8	14	1	9	14
St. Ambrose Inn	1	11	17	3	8	19
St. Mary's Home	0	18	19	0	12	6
Temporary Home	0	16	22	0	16	23
Traveler's Aid	1	8	18	5	11	25
SUB-TOTALS:	9	217	333	37	214	326

OTHER TYPES OF FAMILY SHELTER

	Winter 2002-2003			Winter 2001-2002		
	Male	Female	Children	Male	Female	Children
Families in Shelter or hotels outside Boston *	36	217	324	28	168	320
Scattered Site Shelter	65	177	413	41	150	408
SUB-TOTALS:	101	394	737	69	318	728

TOTAL HOMELESS FAMILIES IN BOSTON

	Winter 2002-2003			Winter 2001-2002		
	Male	Female	Children	Male	Female	Children
	110	611	1070	106	532	1054
TOTALS		1791			1692	

HOMELESS FAMILIES IN SHELTER

The Commonwealth's Department of Transitional Assistance (DTA) is legally responsible for sheltering families. The City of Boston's Emergency Shelter Commission continues to receive calls from families, particularly working poor families and families evicted from subsidized housing that are denied access to shelter as a result of increasingly restrictive State shelter screening. Many Boston homeless families are placed by DTA in shelters and hotels outside of the City.

The causes of family homelessness are rooted in poverty, the high cost of housing and an inadequate supply of available rental units that low-income families can afford. Denying families emergency shelter only exacerbates their problems, forcing them either to live in overcrowded conditions with reluctant relatives or friends, or to split the family up with different children staying with different relatives. According to the Center for Social Policy at UMass Boston, 43% of families entering shelter identify the homes of relatives or friends as their prior living situation; with 37% coming from a rented home. More and more households in Massachusetts are not able to preserve their tenancies because of increasing housing costs. And as noted earlier, some families who are not eligible for family shelter are sending the children to stay with relatives so the parent(s) can then stay in an adult shelter.

The emergency family shelter system administered by DTA must be accessible to all families in need to provide a safety net and hopefully a foundation for future independence for homeless families in Massachusetts. With that safety net inaccessible to many families because of new, more stringent eligibility requirements, the State is jeopardizing the futures of too many Massachusetts children.

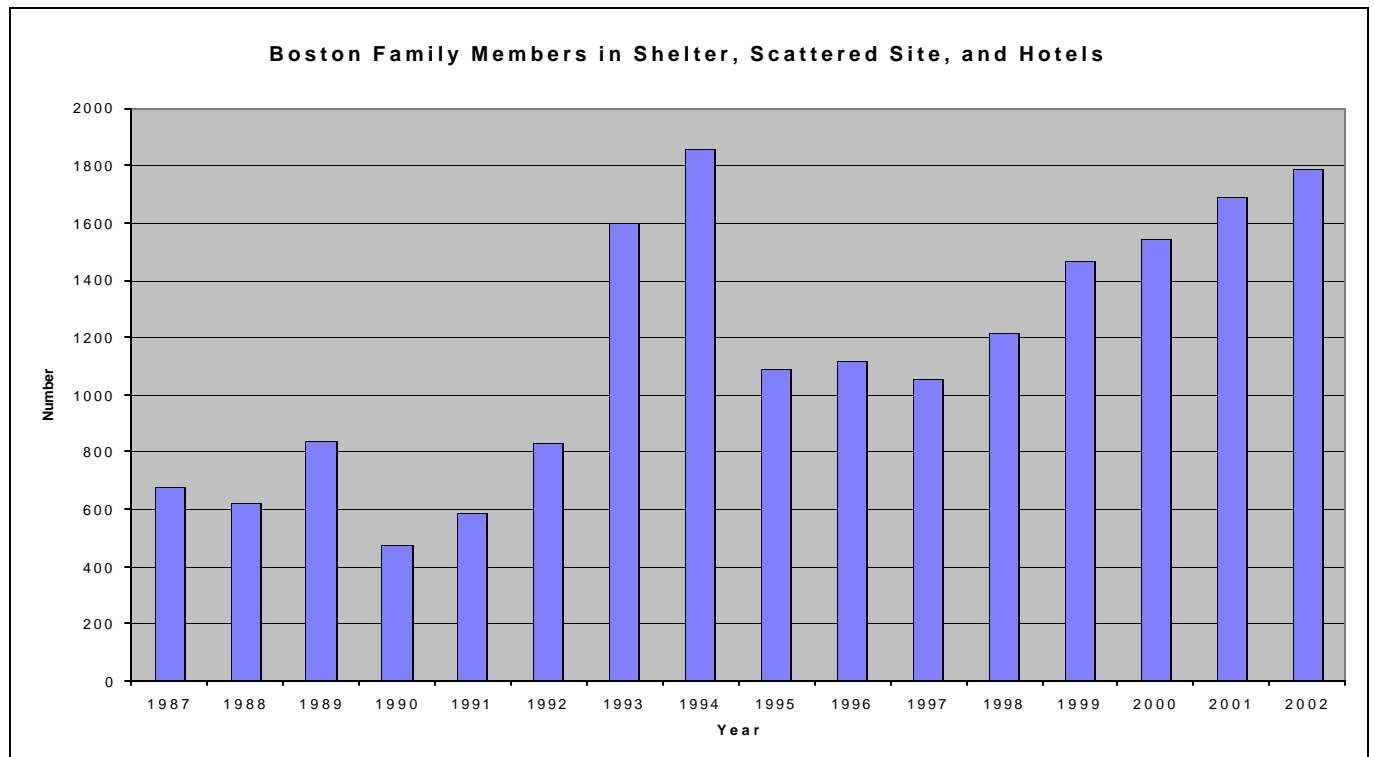
Traveler's Aid of Boston continues to provide shelter on a limited basis to families who are not able to access shelter through DTA. Traveler's Aid is serving more families than ever and is facing increasing financial pressures.

The average length of family shelter stays continue to increase, due to the lack of affordable housing and a lack of adequate income supports for families, particularly those headed by single mothers. Family stays in shelter are averaging as high as 10 months in some shelters. Housing search workers under contract with the State report that the lack of affordable housing in the Boston area means homeless families have been directed as far away as Fall River and New Bedford in search of affordable market-rate housing.

In conjunction with the lack of affordable housing, lack of income (based on several factors including a mismatch of job skills with available jobs, low payments, lack of day care slots, lack of quality education, and the lack of paternal financial support) causes homelessness for families. The imposition of the two-year time limit for TAFDC, which started on December 1, 1998, impacts many homeless families taking away a source of income that they have relied on to get through hard times. The percentage of Boston homeless families receiving TAFDC has dropped from 71% in 1997 to 49% in 2000. 19% of families in shelter have no income at all.⁵ As the numbers of homeless families rise, it is clear that "ending welfare as we knew it" has not ended homelessness. The reauthorization of the TANF will provide an opportunity to correct flaws in the original Federal legislation.

⁵ *A Comparative Portrait of Individuals and Families Utilizing Boston Emergency Shelter Programs, 1999.*

Families cut off from benefits need good jobs and job training to survive. The UMASS Boston survey from 1997 reported that 42% of parents in shelter had not completed high school and had no GED.⁶ More recent data reports that 25% of homeless families are working but still unable to find housing.⁷ Many of these jobs are low paying. The innovative Transition to Work Collaborative, funded by the City with Federal McKinney money, enables homeless families to increase their level of education, raise incomes, and improve job skills and self-sufficiency as they move from the shelter to permanent housing.



⁶ *A Snapshot of Individuals and Families Accessing Boston's Emergency Shelters, 1997*, p.27.

⁷ *A Comparative Portrait of Individuals and Families Utilizing Boston Emergency Shelter Programs, 1999*.

DOMESTIC VIOLENCE PROGRAMS

	Winter 2002-2003		Winter 2001-2002	
	Female	Children	Female	Children
Asian Shelter Advocacy Project	8	10	5	10
Casa Myrna Vazquez	34	41	26	40
Dove, Inc.	7	6	7	9
Elizabeth Stone House	35	33	21	21
FINEX	9	9	7	4
Harbor Me (Boston families)	3	3	3	2
Renewal House	5	6	4	4
Transition House	4	5	7	8
SUB-TOTALS:	105	113	80	98
TOTALS	218		178	

Advocates report that the system is at capacity. Requests for shelter exceed the number of beds, a situation that continues to endanger the victims of battering and domestic violence.

The domestic violence shelters and the family shelters are operated as separate systems: battered women's shelters are mostly funded by the Dept. of Social Services while the Dept. of Transitional Assistance provides most of the funding for family shelters. Because the State imposes a 90-day limit on the amount of time a woman can stay at a battered women's shelter, these women often have to leave these domestic violence programs before they have secured housing. Consequently, many of these women then enter the emergency shelter programs for homeless families. In the fall of 1994, Mayor Menino gave battered women a higher priority for Section 8 and public housing in an effort to decrease the amount of time these families have to stay in shelter.

Clearly, domestic violence is a reality that puts women served by both the adult shelters and the family shelters at risk. The UMASS Boston survey indicated that 22% of female heads of families in the family shelters reported abuse by a partner or household member within the past 12 months.⁸ It would be less disruptive to battered women and their children if they could receive shelter in one location while they are seeking housing, and not have to bounce between the domestic violence system and the family emergency system.

⁸ A Snapshot of Individuals and Families Accessing Boston's Emergency Shelters, 1997 p.22.

ADOLESCENT PROGRAMS

	Winter 2002-2003			Winter 2001-2002		
	Male	Female	Children	Male	Female	Children
Bridge Transitional Living Program	5	3	0	1	4	0
Bridge-Coop Apt	3	4	1		2	
Bridge-Women's and Children's Residence	0	5	4	0	4	4
Bridge "Host Homes"	1			0	0	0
SUB-TOTALS:	9	12	5	1	10	4
TOTALS	26			15		

With a small number of units dedicated to this population, these programs are essentially operating at capacity. The adult shelters, such as Pine Street, Long Island, and Shattuck, also have reported an increase in the number of young people over 18 years of age using adult programs; these programs do not offer services to anyone younger than 18 years based on the belief that the adolescent group has specialized needs that can best be addressed elsewhere.

The City continues to be concerned about youth "aging" out of the DSS and DYS systems, i.e. turning 18 years of age and no longer being eligible for services. Providers report that many of their young clients have had DSS and DYS involvement.

Bridge Over Troubled Waters, funded by the City with Federal McKinney money, continues to operate its transitional day program for homeless youth and young adults living on the streets or in the adult emergency shelters.

HOSPITALS

HOSPITAL EMERGENCY ROOMS

	Winter 2002-2003		Winter 2001-2002	
	Male	Female	Male	Female
Beth Israel-Deaconess	2	0	0	0
Boston Medical Center	8	0	6	0
Brigham & Women's	1	1	0	0
Carney Hospital	2	1	1	0
Massachusetts General	1	0	1	0
New England Medical Center	6	1	4	0
St. Elizabeth's	0	0	0	0
SUB-TOTALS:	20	3	12	0
TOTALS	23		12	

HOSPITAL INPATIENT

	Winter 2002-2003		Winter 2001-2002	
	Male	Female	Male	Female
Beth Israel-Deaconess	0	0	3	0
Boston Medical Center	2	2	10	0
Brigham & Women's	6	1	0	0
Carney Hospital	11	7	10	2
Faulkner Hospital	3	1	4	1
JP VA	60	1	3	0
Massachusetts General	7	2	8	0
New England Medical Center	2	0	7	1
Shattuck Hospital	49	27	49	19
St. Elizabeth's	2	1	2	0
SUB-TOTALS:	142	42	96	23
TOTALS	184		119	

If the pending elimination of Mass Health Basic by the State is not rescinded, the number of homeless people with no insurance could rise dramatically. According to data reported by Boston Health Care for the Homeless, 58% of those cared for by their program had some form of Medicaid, while 35% had no insurance. Although some of these persons will be eligible for insurance through Mass Health Standard or EAEDC, homeless people without a fixed address may have difficulty signing up for these programs. Health Care for the Homeless estimates that up to 51% of homeless people could find themselves uninsured, adversely affect their ability to access a range of health care programs, including primary health care, inpatient hospitalization, prescription drug coverage, substance abuse treatment and medical respite. Difficulty accessing these health care services would most likely result in increased utilization of emergency rooms and other critical care, at greater cost to health care providers, the City and the State. That means greater health risks and poorer health outcomes for an already vulnerable homeless population.

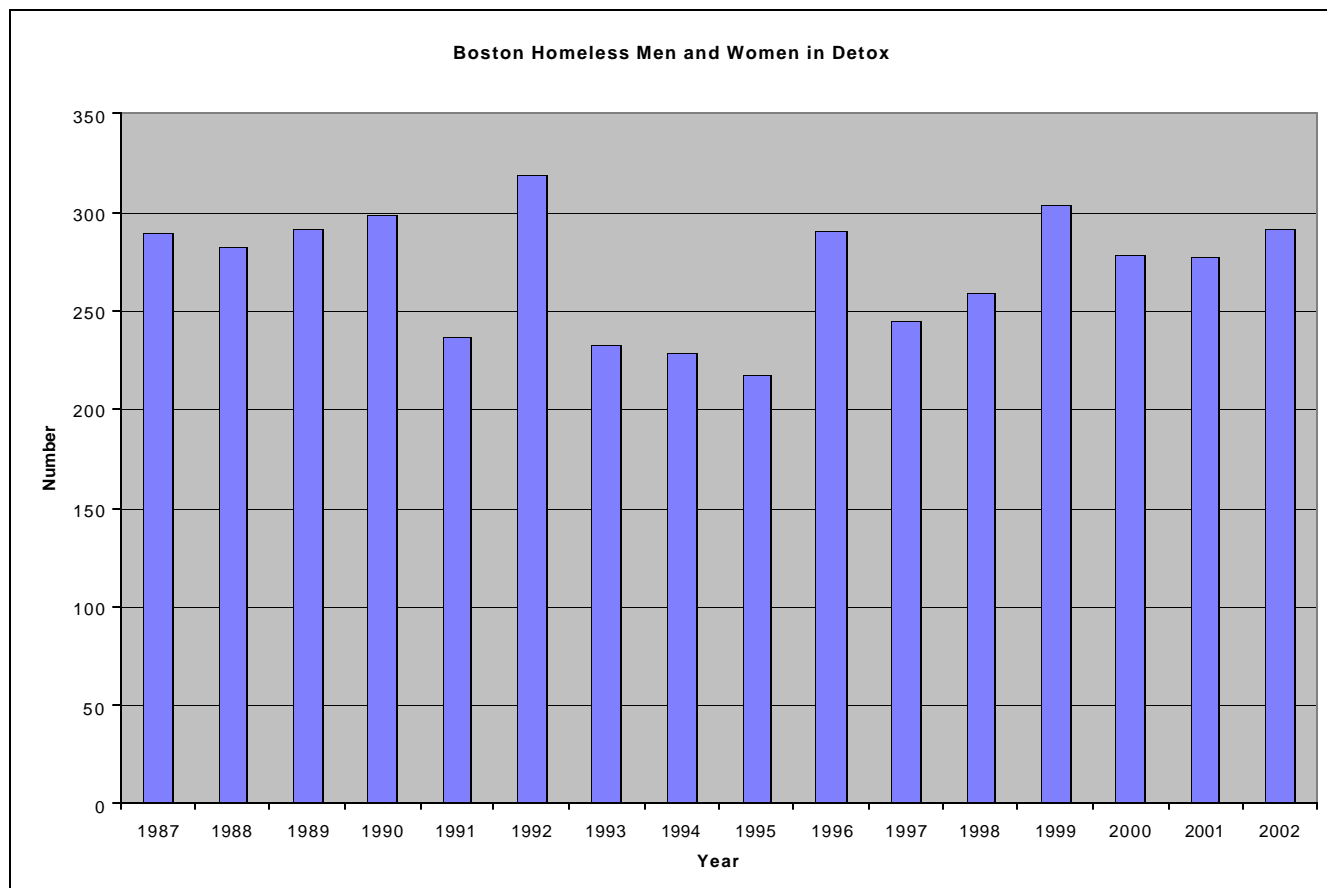
DETOX AND SUBSTANCE ABUSE TREATMENT

	Winter 2002-2003		Winter 2001-2002	
	Male	Female	Male	Female
Andrew House	18	3	18	3
Boston Detox	4	0	5	0
Bridge to Recovery	39	14	35	5
Dimock Detox	7	2	11	5
River Street	26	13	13	5
Tewksbury (CAB)	111	N/A	119	N/A
Transitions (STAIR)	32	8	37	6
Women's Hope	N/A	15	N/A	15
SUB-TOTALS:	237	55	238	39
TOTALS	292		277	

On the night of the census, there were 237 homeless men and 55 homeless women in detox facilities - a total of 292. Often there is not an opening in a recovery program to meet the needs of homeless people leaving detox. Many of the adult shelters have converted emergency beds to post-detox, pre-recovery beds to increase homeless adults chances of a successful recovery.

Since the closing of the Addiction Center at Bridgewater, homeless service providers have been advocating that the State should increase the supply of detox and recovery beds for homeless individuals. In 1996 the State Legislature and the Commonwealth's Department of Public Health (DPH) added 60 additional detox beds, which were specifically targeted to homeless individuals, as well as 60 additional recovery beds. In recent years, DPH has also provided increased resources for transitional services to smooth the transition between substance abuse programs, and has convened a homeless task force to determine how the agency can better resolve issues that affect homeless clients. However, direct budget cuts to the Bureau of Substance Abuse Services enacted last year, and the elimination of Mass Health Basic, will mean fewer treatment beds and tighter restrictions on who is eligible for those beds. The loss of resources that had been targeted to this population may make it more difficult for homeless people to obtain the treatment and stabilization services they seek, resulting in more people with untreated addiction illnesses in the shelters and on the streets. This could mean increased court involvement and utilization of Department of Corrections resources, again at increased cost to the City of Boston, Suffolk County and the State.

HOMELESS MEN AND WOMEN IN DETOX AND SUBSTANCE ABUSE TREATMENT



HOMELESS MEN AND WOMEN IN MENTAL HEALTH FACILITIES

	Winter 2002-2003		Winter 2001-2002	
	Male	Female	Male	Female
Albany Lodge	15	4	16	6
Bay View Inn	24	11	22	0
Fenwood Inn	30	13	27	19
Lindemann Inpatient	17	5	32	5
Metro Boston Inpatient Unit ⁹	91	26	83	29
Parker Street West	0	20	0	20
Solomon Carter Fuller Inpatient	25	6	29	2
St. Alphonsus Respite	3	0	2	3
West End Shelter	24	11	25	14
SUB-TOTALS:	229	96	236	98
TOTALS	325		334	

This year, there were 229 men and 96 women, a total of 325 homeless individuals, in Department of Mental Health homeless programs. The City and State have long recognized that mental illness is a significant factor for a large percentage of the homeless population. Appropriately, the State has committed resources over the past few years to create housing units for the homeless mentally ill. The City commends the State for this commitment and encourages the State to continue providing housing for this population. Both the City and the State have come to recognize the many unmet needs of the dually diagnosed population, those suffering from co-occurring mental health and substance abuse issues. The split between the substance abuse and mental health service systems results in many of these clients receiving uncoordinated treatment, or no treatment at all. Current inpatient detoxification and treatment beds inadequately serve this doubly troubled population, leaving many on the streets and in shelters.

⁹ Formerly Bay Cove Mental Health.

TRANSITIONAL PROGRAMS

	Winter 2002-2003			Winter 2001-2002		
	Male	Female	Children	Male	Female	Children
Brookview House	0	8	24	0	8	25
Casa Esperanza	26	0	0	25	0	0
Casa Esperanza-Latinas y Ninos	0	9	0	0	13	5
Crittenton-Hastings Transitional	4	22	63	3	13	32
T.R.A.C.	0	10	12	0	15	16
Dennis McLaughlin House	0	10	8	0	9	14
Dimock Fort St.	0	11	12	0	7	0
Elders Living At Home	33	14	0	19	12	0
Harbor Lights	58	54	0	39	41	0
Horizons House	0	18	15	0	5	9
Comm. Resources for Justice-CREO	0	5	0	0	2	0
Nazareth House	0	8	10	0	8	12
New England Veterans Shelter Transitional	135	13	0	140	9	0
Portis Family House	0	5	7	0	5	8
Revision House	0	21	21	0	22	39
Saint Francis House	21	18	0	25	17	0
Next Step						
Seton Manor	15	5	0	20	3	0
Valentine Street	0	7	0	0	7	0
Victory/Transitional	5	0	0	6	0	0
Victory/Women's Hope	0	7	0	0	7	0
Victory/Yetman House	0	7	0	0	8	0
Wise Street	8	0	0	8	0	0
YWCA Aswalos House	0	9	7	0	9	9
SUB-TOTALS:	305	261	179	285	220	169
TOTALS	745			674		

Transitional Programs

The City of Boston's Continuum of Care includes a wide range of transitional programs designed to assist families and individuals moving from homelessness to housing. For many people, these programs provide critical next step placements after emergency shelter, in programs where supportive services are matched to their income and housing needs. Transitional programs assist clients with housing search, job training and vocational counseling, employment at a living wage, substance abuse recovery and relapse prevention, primary health care, budgeting, parenting classes, childcare, and other services that are critical to breaking the cycle of homelessness. While not all homeless people need such incremental assistance in order to obtain services and housing, many others benefit from this combination of supportive services and residential stability.

Homelessness is a crisis that often leaves those directly affected facing multiple life issues at once, which can easily become overwhelming. Individuals and families need a stable base in order to deal with this adversity. Transitional programs tend to be both smaller, and more specialized, than many emergency programs. For example, a program for pregnant or parenting teens not only provides transitional housing but also day care, educational and job counseling, and other services. Programs serving victims of domestic violence offer housing search assistance and placement, but will also offer case management, mental health and substance abuse services, if needed. Programs for homeless persons living with HIV/AIDS provide support for substance abuse recovery, mental health and primary health care, and housing search assistance for their clients. In most programs, longer lengths of stay offer clients the time necessary to deal with this complex range of needs. The safety and stability provided is often the foundation upon which homeless people rebuild their lives.

Needs that are often difficult to assess in short-term or emergency settings may emerge in transitional settings. For members of certain sub-populations, such as the elderly, youth, parents newly reunited with their children, people in early recovery, and chronically homeless persons with mental illness, this can mean getting the kind of specialized attention and services that are much more difficult to obtain when someone is in crisis. Transitional programs also help homeless people build new relationships, or re-establish previous relationships, once the shame and stigma of homelessness are lessened. This process can be critical to their efforts to successfully obtain housing and return to their communities.

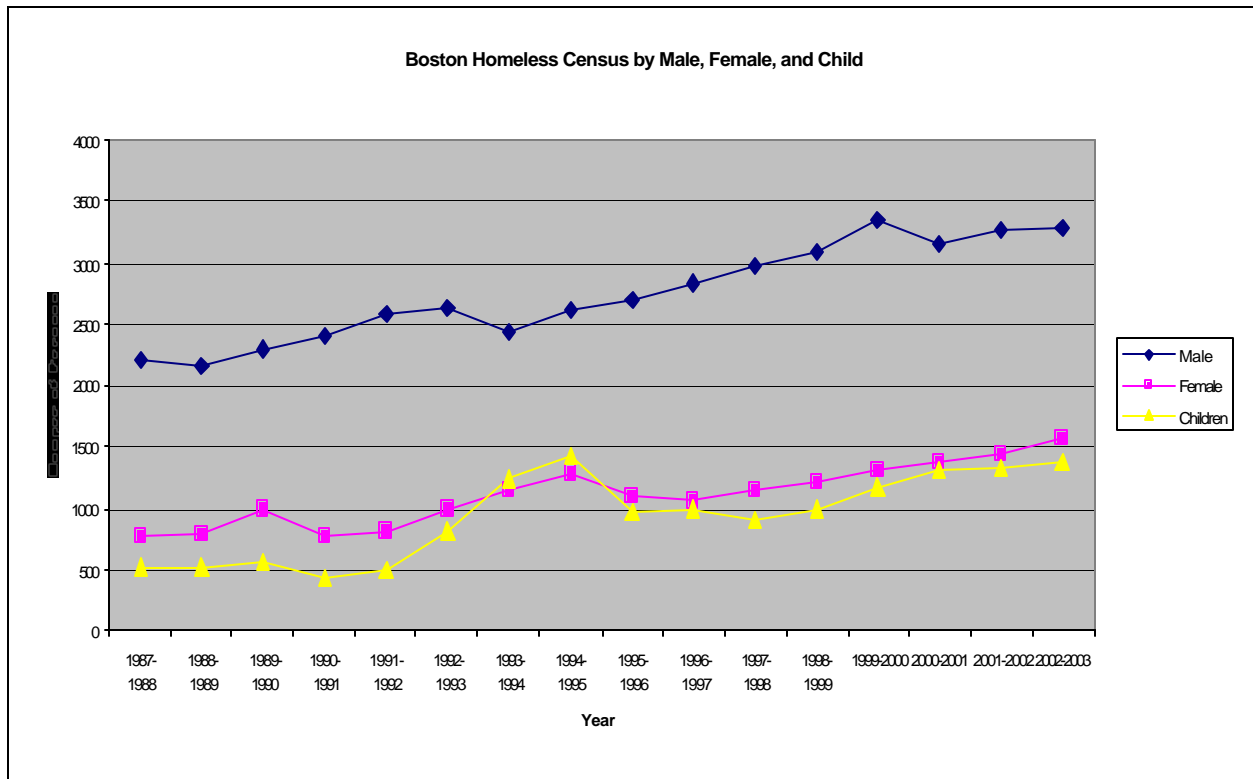
Transitional programs are an important link to mainstream resources that many homeless individuals and families will need as they move out of crisis situations and begin to regain stability and social support. Transitional programs supported by the City of Boston use a variety of strategies to increase access to existing resources that are rooted in the communities and neighborhoods where people hope to find permanent housing. These strategies may include outreach and case management around benefits and health care coverage; central points of entry for those working on job skill development; and events such as the annual three day Stand Down for homeless veterans. Through these linkages, people obtain sources of support that they can continue to rely on as they move on to more stable, independent settings, and housing.

There were 745 homeless men, women and children in transitional shelters and programs this year, a 10% increase for the programs listed above since last year. This number includes 261 women, a 19% increase over last year at this time, 305 men, a 7% increase, and 179 children, a 6% increase. With the overall number of homeless women in the City of Boston increasing 10%, demand for these programs, especially transitional housing, remains high.

Please note that several transitional programs are counted in the adult shelter category.

HOMELESS TOTALS

	Winter 2002-2003			Winter 2001-2002		
	Male	Female	Children	Male	Female	Children
Street Count	175	37	0	234	43	0
Adult Shelters	2044	350	0	2041	382	0
Family Shelters	9	217	333	37	214	326
Family Other	101	394	737	69	318	728
Domestic Violence	0	105	113	0	80	98
Adolescent	9	12	5	1	10	4
Hospital ER	20	3	0	12	0	0
Hospital Inpatient	142	42	0	96	23	0
Detox	237	55	0	238	39	0
Mental Health	229	96	0	236	98	0
Transitional Shelters	305	261	179	285	220	169
TOTALS	3271	1572	1367	3249	1427	1325
GRAND TOTALS	6210			6001		



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This report was produced by:

**David Anderson, Kim Fernandes, Celeste Green, Jim Greene
Eliza Greenberg, Charles Mays, and Helen Nichols**